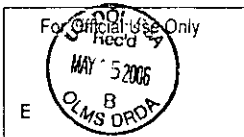


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



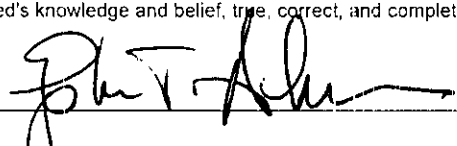
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 11713	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name John T Ahern P.O. Box, Bldg., Room No., if any Street 115-06 Myrtle Avenue City Richmond Hill State New York ZIP Code + 4 11418	4. Name, file number, and address of labor organization. Name IUOE Local 30 Labor Organization File Number 089779 P.O. Box, Building and Room Number, if any Street 115-06 Myrtle Avenue City Richmond Hill State New York ZIP Code + 4 11418
5. Position in labor organization. Business Mgr./Financial Secretary	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Northeastern Engineers Federal Credit Union Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 115-06 Myrtle Avenue City Richmond Hill State New York ZIP Code + 4 11418	7.a. Nature of Interest, Transaction, or Income. Expenses for gas and business meals for the year 2005 as Chairman of the Credit Union 7.b. Amount. \$8,707

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On <u>5/10/2006</u>	718-847-8484
	Date	Telephone Number

Name of Person Filing John Ahern	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name See Schedule</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name See Schedule</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>See Schedule</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>See Schedule</p>
	<p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p> <p>\$0</p>

SCHEDULE 1 of 2

John T. Ahern 12/31/2005

8. Name/Address of Business	9. Business Deals	10. Trust/Employer Name	11a. Nature of Dealing	11b. Dollar Value	12a. Nature of Income	12b. Amount
Fidelity Investments 82 Devonshire Street Boston, MA 02109	Trust	Local 30 Benefit Funds	Client Advisory Board Member	0	Lodging, Travel & Out of Town Meeting Expenses	\$2,833.00
Local 30 Benefit Funds 115-06 Myrtle Avenue Richmond Hill, NY 11418	Trust	Local 30 Benefit Funds	Fund Trustee	0	Lodging, Travel & Out of Town Meeting Expenses	\$2,062.00